




United States Department of the Interior

OFFICE OF THE SECRETARY
Washington, D.C. 20240

August 4, 2010

Memorandum

To: Bureau/Office Emergency Coordinators

From: Laurence I. Broun 
Director, Office of Emergency Management

Subject: Emergency Management Policy Bulletin 2010-2
Reporting of Serious Emergency Incidents

PURPOSE:

This Emergency Management Policy Bulletin (EMPB) sets forth policy for reporting of Serious Emergency Incidents.

SCOPE:

This EMPB applies to all bureaus and offices in executing their responsibilities for reporting of serious emergency incidents.

POLICY:

Initial Emergency Incident Reporting

In accordance with the Departmental Manual 900, Chapter 4 (Coordination of Emergency Incidents, found at http://elips.doi.gov/app_dm/act_getfiles.cfm?relnum=3696), bureaus and offices are required to provide timely reporting during serious emergency incidents to enable effective coordination across the department and the interagency community. When such events occur, bureaus and offices must provide expeditious notification to the Interior Operations Center (IOC). Initial reports may be telephonic, but should be followed up with written reports as soon as the incident allows. The preferred method to transmit this information is using the on-line DOI SPOT Report (DOI SPOTREP) form on the DOI Emergency Reporting System (i.e. WebEOC). Should WebEOC not be available, DOI SPOTREPs may be submitted by alternate means, such as e-mail or fax.

Daily Emergency Incident Reporting

Once an incident is reported, bureaus and offices are required to provide daily updates to the IOC utilizing the DOI Situation Report (ICS-209-DOI). The automated version of the ICS-209-DOI, found in WebEOC, is the preferred format for submission into the IOC. Should WebEOC not be available, the ICS-209-DOI may be submitted by alternate means, such as e-mail or fax. In addition, if bureaus and offices already have their information in another ICS 209 SITREP format, they may submit it in that format to the IOC in lieu of the ICS-209-DOI.

Multiple field units or regions may become involved in a single serious emergency incident. During such situations, it is expected that each bureau or office involved in the operations will submit a consolidated ICS-209-DOI for their bureau or office. In some situations, involved bureaus may coordinate with the IOC for their regions to report directly if this arrangement will facilitate the flow of information for both the bureau and IOC. Bureaus and offices which serve as Principal Planners for Emergency Support Functions under the National Response Framework should submit a separate ICS-209-DOI for these activities once missions are received and/or personnel are deployed.

Timing of Reporting

The timing of operational periods during incidents will vary. Typically, operational periods are either 12 or 24 hours in duration. The ICS-209-DOI is submitted on a fixed schedule; bureaus and offices must transmit their daily ICS-209-DOI to the IOC no later than 0600 hours Eastern with data valid as of the last operational period of the previous day. When 12-hour operational periods are in effect, the second report is due to the IOC by 1600 hours Eastern.

In any instance where significant events or activities occur between reporting cycles, a DOI SPOTREP shall be provided to the IOC.

Reports should continue until the situation has stabilized and no significant changes occur. As the operational tempo for the incident decreases, the IOC, in coordination with bureaus and offices, will adjust the reporting schedule for ICS-209-DOI. Once the incident has ended, bureaus and offices submit a final ICS-209-DOI.

Availability of Forms

The ICS-209-DOI is available as DI-3452, a fillable pdf form, and the DOI SPOTREP is available as DI-3453, a fillable pdf form. Both forms can be found on the National Business Center DOI Forms website at http://www.doi.gov/nbc/formsmgt/fm_forms.html



Points of Contact

The Departmental point of contact for Emergency Incident Reporting is Rick Tinker, 202-208-5632, Richard.Tinker@ios.doi.gov.

The Departmental points of contact for WebEOC are LCDR Elaine Wolff, 202-208-5417, Elaine.Wolff@ios.doi.gov and Sandra Rainbolt, 202-208-5716, Sandra.C.Rainbolt@ios.doi.gov.

ATTACHMENT A. DOI Spot Report (DOI SPOTREP)

DI-3453 June 2010

 U.S. DEPARTMENT OF THE INTERIOR EMERGENCY MANAGEMENT REPORTING SPOT REPORT (SPOTREP) 			
1. INCIDENT NAME		2. INCIDENT TYPE	
3. AS OF Date: Time:	4. REPORT CATEGORY Bureau / Office Report <input type="checkbox"/> NRF Principal Planner Report <input type="checkbox"/> Region <input type="checkbox"/> Field Unit <input type="checkbox"/> Other <input type="checkbox"/>		5. REPORTING UNIT 6. REPORT NUMBER
7. INCIDENT LOCATION			
7a. City: State:	7b. Unit Name:	7c. U.S. National Grid Reference:	7d. Lat/Long Coordinates: Latitude: Longitude:
8. SITUATION			
9. PREPARED BY & CONTACT INFORMATION Name of Preparer: Phone Number: Email Address:		10. APPROVED BY Name of Approver: Title:	
11. SENT (DATE / TIME): Date: Time:	12. PRIMARY LOCATION / ORGANIZATION SENT TO:		

DOI SPOTREP

**GENERAL INSTRUCTIONS FOR REPORTING SERIOUS EMERGENCY INCIDENTS:
DOI SPOT REPORT (SPOTREP)**

In completing the DOI SPOTREP, the following fields need to be filled out:

1. **Incident Name:** Provide name given to incident.
2. **Incident Type:** Enter type of incident. [Categories: aircraft accidents, BOR hydroelectric/water production, CBRNE, COOP Plan activation, cyber security and IT operations, dam/levee safety incidents, drought, earthquake, fatalities and injuries, flooding, HAZMAT, intelligence alerts and warnings, law enforcement (Serious Incident Reports), oil spill, other incidents – DOI, other incidents – non DOI, pipeline/oil rig incidents, power outages, protests and demonstrations, public health, search and rescue (non-NRF), security incident response, severe weather, significant damage to DOI assets, special events, Suspicious Activity Reports, tropical weather, tsunami, volcano, wildfire, wildlife health.]
3. **As Of:** Provide the date and time. (Local time of the reporting unit, unless otherwise specified.)
4. **Report Category:** Check the box based on report category. Options include Bureau/Office Report, NRF Principal Planner, (for an ESF-specific report), Region, Field Unit or Other.
5. **Reporting Unit:** Enter the specific reporting entity.
6. **Report Number:** For use by the reporting unit to track the SPOTREPs.
7. **Incident Location:** Enter this information using 7a, 7b and/or 7c. (Not all of the fields need to be filled out, but at least one field needs to be filled out.)
 - 7a. **City, State:** Enter in the city and state in which the incident is occurring.
 - 7b. **Unit Name:** Enter the name of the specific unit (such as a particular National Park or National Wildlife Refuge) where the incident is occurring.
 - 7c. **U.S. National Grid Reference:** Enter the U.S. National Grid Reference where the incident is occurring.
 - 7d. **Lat/Long Coordinates:** Enter the latitude and longitude where the incident is occurring.
8. **Situation:** Describe the emerging situation and the nature of the event to include hazards (and potential hazards) involved, threats/impacts to persons and property (infrastructure, DOI lands, personnel, etc), and secondary impacts. In addition, describe response activities, including notifications, evacuations, and/or sheltering-in-place that has occurred or is currently in process.
9. **Prepared by & Contact Information:** Provide the name, phone number and email address of the specific individual who prepared the DOI SPOTREP.
10. **Approved by:** Insert the name and title of the individual that approved the prepared DOI SPOTREP.
11. **Sent (Date/Time):** Insert the date and time that the DOI SPOTREP is being sent for submission.
12. **Primary Location, Organization or Agency sent to:** Insert the name of the organization/unit (for example Bureau HQ, Bureau COOP Site or the IOC) to which the DOI SPOTREP is being submitted.

DOI SPOTREP

DI-3452 June 2010ICS-209-DOI

10. STATUS OF PERSONS

	10a. # of Dead	10b. # of Injured	10c. # of Hospitalized	10d. # of Missing/Unaccounted	10e. Other
Employees					
Visitors					
Volunteers					
Others (Category:_____)					
Others (Category:_____)					

10f. Other Casualty Information:

11. BUREAU / OFFICE IMPACTS - Summary of Damages to Infrastructure

NUMBER OF PROPERTIES / STRUCTURES that are THREATENED: _____ DAMAGED: _____ DESTROYED _____.

BRIEF DESCRIPTION OF THE IMPACTS:

12. ACCOMPLISHMENTS / UPDATES for this Operational Period

13. OBJECTIVES for the Next Operational Period

14. UNMET NEEDS, SHORTFALLS, ASSISTANCE NEEDED

15. PERSONNEL**15a. Personnel EMPLOYED by the Reporting Unit**

From the Reporting Unit	ESF or Agency/Unit:	# of Employed Personnel:
From Other Agencies/Units	ESF or Agency/Unit:	# of Employed Personnel:
	ESF or Agency/Unit:	# of Employed Personnel:
	ESF or Agency/Unit:	# of Employed Personnel:
	ESF or Agency/Unit:	# of Employed Personnel:
	ESF or Agency/Unit:	# of Employed Personnel:

15b. Personnel DEPLOYED for Operations Managed by Others

To Other Agencies/Units	ESF or Agency/Unit:	# of Deployed Personnel:
	ESF or Agency/Unit:	# of Deployed Personnel:
	ESF or Agency/Unit:	# of Deployed Personnel:
	ESF or Agency/Unit:	# of Deployed Personnel:
	ESF or Agency/Unit:	# of Deployed Personnel:
	ESF or Agency/Unit:	# of Deployed Personnel:

16. MISSION ASSIGNMENT MANAGEMENT

	Amount Authorized	Expended Reimbursable	Expended Non-Reimbursable
Mission # or Code: _____			
Mission # or Code: _____			
Mission # or Code: _____			
Mission # or Code: _____			
Mission # or Code: _____			
Mission # or Code: _____			
Mission # or Code: _____			
Mission # or Code: _____			

17. TOTAL COSTS to Date

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18. ADDITIONAL INFORMATION

19. PREPARED BY & CONTACT INFORMATION

Name of Preparer:

Phone Number:

Email Address:

20. APPROVED BY

Name of Approver:

Title:

21. SENT (DATE / TIME):

Date:

Time:

22. PRIMARY LOCATION / ORGANIZATION SENT TO:

GENERAL INSTRUCTIONS FOR REPORTING SERIOUS EMERGENCY INCIDENTS: DOI SITUATION REPORT (ICS-209-DOI)

In completing the DOI Situation Report (ICS-209-DOI), the following fields on the report need to be filled out:

1. **Incident Name:** Provide name given to incident.
2. **Incident Type:** Enter type of incident. [Categories: aircraft accidents, BOR hydroelectric/water production, CBRNE, COOP Plan activation, cyber security and IT operations, dam/levee safety incidents, drought, earthquake, fatalities and injuries, flooding, HAZMAT, intelligence alerts and warnings, law enforcement (Serious Incident Reports), oil spill, other incidents – DOI, other incidents – non DOI, pipeline/oil rig incidents, power outages, protests and demonstrations, public health, search and rescue (non-NRF), security incident response, severe weather, significant damage to DOI assets, special events, Suspicious Activity Reports, tropical weather, tsunami, volcano, wildfire, wildlife health.]
3. **Reporting Period** 3a. *From:* Provide reporting period start date/time. 3b. *To:* Provide reporting period end date/time. (Local time of the reporting unit, unless otherwise specified.)
4. **Report Category:** Check the box based on report category. Options include Bureau/Office Report, NRF Principal Planner, (for an ESF-specific report), Region, Field Unit or Other.
5. **Reporting Unit:** Enter the specific reporting entity.
6. **Report Type:** Indicate the report type. Options include: INITIAL REPORT for the first reporting period and UPDATE REPORT for subsequent reporting periods. DOI SITREPs (ICS-209-DOI) are submitted once per operational period until the incident is closed. The Final REPORT should be checked if this is the final report the reporting unit will be submitting on this incident.
7. **Report Number:** For use by the reporting unit to track the SITREPs.
8. **Incident Location:** Enter this information using 8a, 8b and/or 8c. (Not all of the fields need to be filled out, but at least one field needs to be filled out.)
 - 8a. *City, State:* Enter in the city and state in which the incident is occurring.
 - 8b. *Unit Name:* Enter the name of the specific unit (such as a particular National Park or National Wildlife Refuge) where the incident is occurring.
 - 8c. *U.S. National Grid Reference:* Enter the U.S. National Grid Reference where the incident is occurring.
 - 8d. *Lat/Long Coordinates:* Enter the latitude and longitude where the incident is occurring.
9. **Situation:** Describe the ongoing situation and the nature of the event to include the incident's growth, ongoing weather problems, hazards (and potential hazards) involved, threats/impacts to persons and property (infrastructure, DOI lands, personnel, etc), and secondary impacts. In addition, describe response activities, including notifications, evacuations, and/or sheltering-in-place that has occurred or is currently in process.
10. **Status of Persons:** Enter this information to account for employees, visitors, volunteers and others (provide a description of the category these persons fall within) who were/are impacted by the incident.
 - 10a. *# of Dead:* Enter the number of persons who have died related to the incident.
 - 10b. *# of Injured/Ill:* Enter the number of persons who were injured or became ill as a result of the incident.
 - 10c. *# of Hospitalized:* Enter the total number of persons who have been (and are currently) hospitalized as a result of the incident.

- 10d. *# of Missing/Unaccounted*: Enter the number of persons who are missing or otherwise unaccounted.
- 10e. *# of Other*: Enter the number of employees who are in other situations that do not fit 10a – 10d. For any employees who are counted in this category, provide details in 10f.
- 10f. *Other Casualty Information*: Use this space to describe any other additional information relevant to the casualties noted in 10a – 10e. For example, but not limited to, describe the type of casualty that is being classified as the Other category of 10e or the status of those hospitalized (such as a breakdown of the number of persons currently hospitalized at the end of the operational period and those who have recovered and been discharged from the hospital).
11. **Bureau/Office Impacts – Summary of Damages to Infrastructure**: This section to be completed by Bureaus/Offices only. Bureaus and offices should provide information about their damaged, threatened or destroyed property or infrastructure (to include critical infrastructure, wildlife habitats and other valuable resources). Enter the number of structures/property that is threatened, damaged or destroyed. In addition, provide a brief description of the impacts as they relate to these structures and properties.
12. **Accomplishments/Updates for this Operational Period**: Detail the accomplishments of the reporting unit during the operational period to include incident response and/or COOP activities.
13. **Objectives for Next Operational Period**: Detail the objectives for the reporting unit during the next operational period to include incident response and/or COOP activities.
14. **Unmet Needs, Shortfalls, Assistance Requested**: Describe any unmet needs or shortfalls the reporting unit is facing. In addition, describe any assistance that the reporting unit is requesting of bureaus/offices, Departmental headquarters or other elements (specify from which other organization/unit this assistance is being requested).
15. **Personnel**: In boxes 15a and 15b, account for personnel who are assigned to the operational response.
- 15a. *Personnel Employed by Reporting Unit*: List by parent organization/unit the number of personnel being employed by the reporting unit during the operational period.
- 15b. *Personnel Deployed for Operations Managed by Others*: List the number of personnel from the reporting unit who have been assigned to other organizations/units which are responding to the same overall event.
16. **ESF Mission Management**: This entry to be completed only by National Response Framework ESF Principal Planners. Enter the FEMA Mission Assignment Number, along with the amount authorized and expended (reimbursable and non-reimbursable) for each of the Mission Assignments being tracked/managed by the reporting unit.
17. **Total Costs to Date**: Enter estimated total cost of operations including personnel costs.
18. **Additional Information**: This space can be used to provide additional details to previous items or provide other information.
19. **Prepared by & Contact Information**: Provide the name, phone number and email address of the specific individual who prepared the ICS-209-DOI.
20. **Approved by**: Insert the name and title of the individual that approved the prepared ICS-209-DOI.
21. **Sent (Date/Time)**: Insert the date and time that the ICS-209-DOI is being sent for submission.
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